

Member Companies of Western World Insurance Group

- Western World Insurance Company  
 Tudor Insurance Company  
 Stratford Insurance Company

Application  
**For**  
**Nurse Professional Liability**

1. Name of Applicant \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Applicant's Web Site Address \_\_\_\_\_

2. Degree of Certification:  CNP  RN  LPN  PA  
 Year Conferred \_\_\_\_\_ Institution \_\_\_\_\_  
 If CNP or PA, describe duties \_\_\_\_\_

3. Are you an:  Employee  Independent Contractor

4. Indicate the percent of time spent in the following work locations:

_____ % Administrative office	_____ % Outpatient clinic	_____ % Classroom
_____ % Laboratory	_____ % Hospital ER	_____ % Patient's Home
_____ % Professional office	_____ % Nursing Home	_____ % OR
_____ % Hospital Ward	_____ % Abortion Clinic	_____ % Other _____

5. Do you administer any anesthesia?  Yes  No

6. Do you administer IV or Chemotherapy?  Yes  No  
 If so, describe any special training. \_\_\_\_\_

7. Do you provide OB/GYN or Midwife services?  Yes  No  
 If yes, describe. \_\_\_\_\_

8. Has your nursing license ever been suspended or revoked?  Yes  No  
 If yes, give details. \_\_\_\_\_

9. Prior insurance carrier and loss history last 5 years. If no prior insurance, check here.

Year	Insurance Company	Policy Number	Loss paid/reserved	Description

10. Is the applicant, aware of any circumstances that may result in a claim?  Yes  No  
 If yes, provide details. \_\_\_\_\_

11. LIMITS OF INSURANCE REQUESTED:

General Aggregate Limit (Other than Products-Completed Operations)	\$ _____	
Products – Completed Operations Aggregate Limit	\$ _____	any one person or organization
Personal and Advertising Injury Limit	\$ _____	
Each Occurrence Limit	\$ _____	
Damage to Premises Rented to You (up to \$50,000 limit available)	\$ _____	any one premise
Medical Expense Limit (up to \$5,000 limit available)	\$ _____	any one person
Each Professional Incident Limit (if applicable)	\$ _____	

Effective Dates Desired: From \_\_\_\_\_ To \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

Producing Agent: \_\_\_\_\_